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Date of Deposit July 16, 2001

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as "Express Mail" service under 37 CFR §1.10 in an envelope addressed to Honorable Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the date of deposit as indicated above.

Ellen J. Kapinos
Ellen J. Kapinos

GI 5288B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	LaVallie and Racie	Examiner	S. Ungar
Serial No.	08/949,904	Group Art Unit	1640
Filed	October 15, 1997		
For	HUMAN SDF-5 PROTEIN AND COMPOSITIONS		

Hon. Commissioner of
Patents and Trademarks
Washington, DC 20231

#22
KD
7-26-01

Petition and Fee for Extension

We hereby request an Extension of Time for response of two months pursuant to 37 CFR §1.136(a) from the March 14 date of the Decision on Petition in which to respond to the Advisory Action mailed August 8, 2000. The time for response runs two months from the date of the Decision on Petition. Therefore this extension resets the due date from May 14 to July 14, 2001.

We authorize the charging of three hundred ninety (\$390.00) and any additional fees and crediting of over payment to our Deposit Account No. 07-1060, and for this purpose, we enclose a duplicate copy of this petition.

07/19/2001 SMINASS1 00000021 071060 08949904
01 FC:116 390.00 CH

Respectfully submitted,
Ellen J. Kapinos
Ellen J. Kapinos
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Correspondence Address:
American Home Products
Patent Law Department
Five Giralda Farms
Madison, New Jersey 07940

Docket No: **GI 6288B**
PatentIN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re of Application of: *La Vallie and Raric*Serial No.: *08/949,904*Group Art No.: *1640*Filed: *October 15, 1997*Examiner: *S. Ungar*For: *Human SDF-5 Proteins and Compositions*

Confirmation No.:

Customer Number: *25291***RECEIVED****JUL 23 2001****TECH CENTER 1600/2900**Commissioner for Patents
Washington, DC 20231

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	110.00
<input checked="" type="checkbox"/>	Two Months.	Fee in the amount of	\$	390.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$	890.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,390.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	1,890.00

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number *EL564796909 US* addressed to the Commissioner for Patents, Washington, DC 20231.

Date

*July 16, 2001**Ellen J. Kapinos*

Docket No: **6152808**
Patent

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request:

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

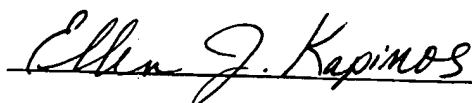
CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS			0	X \$ 18.00	0.00
INDEPENDENT CLAIMS			0	X \$ 80.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 270.00	
Total Amendment Fee:					\$0.00

- ☒ No additional fee for claims is required.
☐ Total additional fee for claims required: \$0.00.

Docket No:
Patent

4. Method of Payment of Fees: **07-1060**
Charge Deposit Account No. ~~01-1300~~ in the amount of: ~~\$0.00~~ **390.00**
A duplicate of this transmittal is attached.
5. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. **07-1060**
6. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. **07-1060**

Respectfully submitted,



Attorney for Applicants
Reg. No. **32,245**

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